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**“SSG FOX SUICIDE PREVENTION GRANTS: SAVING VETERANS’ LIVES
THROUGH COMMUNITY CONNECTION”**

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Good morning, Chairwoman Miller-Meeks, Ranking Member Brownley, and distinguished members of the Subcommittee. Thank you for the opportunity today to discuss the Department of Veterans Affairs’ (VA) implementation of the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (SSG Fox SPGP). Accompanying me today is Dr. Todd Burnett, Senior Consultant for Operations, Suicide Prevention Program.

The SSG Fox SPGP honors Veteran Parker Gordon Fox who joined the Army in 2014. He died by suicide on July 21, 2020. His obituary¹ notes his legacy of “loyalty, thoughtfulness, joy, compassion, and deep friendships.” Section 201 of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 (P.L. 116-171; the Hannon Act) authorized this Program, which assists VA in implementing a public health approach that blends community-based prevention with evidence-based clinical strategies through community efforts, bringing personalized support and care to Veterans. The SSG Fox SPGP represents an important step in leveraging community networks and expertise in Veteran suicide prevention efforts beyond VA’s systems.

The SSG Fox SPGP enables VA to provide resources toward community-based suicide prevention efforts to meet the needs of Veterans and other eligible individuals, including their families, through outreach, suicide prevention services, and connection to VA and community resources. The impact of this Program has been meaningful. For instance, the following two examples are a brief sample of the incredible work SSG Fox SPGP grantees are rendering:

- A young, pregnant Veteran fled from a domestic violence situation and engaged in services provided by a grantee who helped her enroll in prenatal care at VA as well as other health care and mental health supports. She stated: “I could not have survived without your help.”
- A Marine Corps Veteran presented to Boulder Crest Foundation, a grantee in Virginia, with suicidal thoughts and was seeking help for combat-related trauma. After getting connected to help, he confided that he had been engaged in

¹<https://www.dignitymemorial.com/obituaries/johnson-city-tn/parker-fox-9282651>.

preparatory behaviors to end his life prior to getting connected, and that the services he received saved his life.

VA has collected and received many more examples: lifesaving engagements through the Healing Warriors Program in Colorado to the Warrior Wellness Program, meeting the needs of Choctaw Nation of Oklahoma Veterans, and the Aleutian Pribilof Islands Association in Alaska, as well as many more. The engagements within grantee communities are part of the critical community-based interventions needed across the Nation to prevent Veteran suicide.

Congress authorized \$174 million to be appropriated for fiscal years (FY) 2021 through 2025 to carry out the SSG Fox SPGP. Organizations can apply for grants worth up to \$750,000 and may apply to renew awards from year to year throughout the length of the program. Grants are awarded to organizations that provide or coordinate suicide prevention services for eligible individuals at risk of suicide and their families, including but not limited to:

- Outreach to identify those at risk of suicide;
- Case management and peer support services;
- Baseline mental health screening for suicide risk and behavioral health conditions;
- Assistance in obtaining VA and public benefits;
- Assistance with emergent needs (e.g., personal financial planning, child care); and
- Non-traditional² and innovative approaches and practices.

VA first awarded grants in September 2022, to 80 awardees in 43 states, Washington, DC, and American Samoa. In March 2023, VA prepared for the second round of grant awards by publishing a Notice of Funding Opportunity (NOFO) for renewal grants and new organizations to apply. The application period opened March 2, 2023, and closed May 19, 2023. On September 20, 2023, VA announced the award list for FY 2023 grants totaling more than \$52 million to 80 community-based organizations; this included 77 current grantees and 3 new grantees in 43 states, the District of Columbia, Guam, and American Samoa. Twenty-one grantees serve tribal lands including Navajo Nation, Cherokee Nation, Choctaw Nation, Alaskan Native tribes, and others. Funding decisions prioritize the distribution of grants to rural communities, tribal lands, territories of the United States, medically underserved areas, areas with a high number or percentage of minority Veterans or women Veterans and areas with a high number or percentage of calls to the Veterans Crisis Line.

² Nontraditional and innovative services that were included in grants funded include Adaptive Performance, Art Therapy, Creative Arts, Equine Therapy, Family Support Circles, Food Security, Healing Touch Therapy, Mindfulness, Moral Injury Education, Music Therapy, Native: Risking Connections (Hawaiian), Native: Alaska Native Cultural Health and Resilience Gathering, Outdoor Recreation, Recreation Therapy, Resilience Strength Training, Service Dogs, Warrior PATHH, Water Sports, and Yoga.

As of September 30, 2023, grantees have completed over 20,000 outreach contacts and engaged 3,500 participants. Grantees have successfully intervened for many who are on a pathway to risk, as the program takes an upstream approach to reach Veterans with some, but not necessarily acute, risk for suicide. The SSG Fox SPGP facilitates engagement with (and reduces barriers to) clinical mental health care but is unique in that most services are non-clinical. As the Nation continues to recognize, and as research evidence confirms,³ social determinants of health (e.g., economic hardship, unemployment, barriers to health care) are drivers of suicide risk; the SSG Fox SPGP takes a critical step to acknowledge and meet the need for suicide prevention services beyond just the clinical mental health continuum.

The grants are a core aspect of VA's 10-year [National Strategy for Preventing Veteran Suicide](#). The SSG Fox SPGP also supports and aligns with the priority goals and cross-cutting implementation principles in the White House's strategy on [Reducing Military and Veteran Suicide](#). Given the multiple factors that may lead to suicide death, preventing suicide requires a comprehensive public health approach that harnesses the full breadth of the Federal Government in close coordination with states, territories, tribes, and local governments, as well as collaboration with industry, academia, communities, community-based organizations, families, and individuals. Reducing suicide requires a long-term strategic vision and commitment designed to create and implement systemic changes in how we support Service members, Veterans, and their families across the full continuum of risk and wellness.

The SSG Fox SPGP is uniquely positioned to help tailor resources to meet the needs of diverse Veterans in their communities, while also building community capacity to deliver suicide prevention services. The strength of the SSG Fox SPGP is that it allows for different approaches to fit diverse community needs and to reach those individuals at risk of suicide who choose not to receive care at VA. The program also engages families, which is critical to reaching and serving those at risk.

Eligibility Requirements

Eligibility requirements are set forth by law through the Hannon Act. Eligible individuals are persons defined in section 201(q) of the Hannon Act who are at risk of suicide. For purposes of SSG Fox SPGP, risk of suicide means exposure to, or the existence of, any of the following factors, to any degree, that increase the risk for suicidal ideation and/or behaviors:

1. Health risk factors, including mental health challenges, substance use disorder, serious or chronic health conditions or pain, and traumatic brain injury.
2. Environmental risk factors, including prolonged stress, stressful life events, unemployment, homelessness, recent loss, and legal or financial challenges.

³ U.S. Department of Veterans Affairs. (2023). *2023 National Veteran Suicide Prevention Annual Report*. <https://www.mentalhealth.va.gov/docs/data-sheets/2023/2023-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf>.

3. Historical risk factors, including previous suicide attempts, family history of suicide, and history of abuse, neglect, or trauma, including military sexual trauma.⁴

Grantees use non-clinical tools to assess these areas to determine the degree of risk of suicide for eligible individuals and the drivers of stress to focus support recommendations to facilitate the individual's (and family's) well-being. To assist grantees in determining risk of suicide (and thus an individual's eligibility for suicide prevention services), VA provides grantees with a Columbia Suicide Severity Rating Scale screening tool, which is a brief, evidence-based form that can be administered quickly by responders with no formal mental health training and applied in a wide range of settings for adults to detect the presence of suicide risk.⁵ VA has ensured that grantees are provided this tool before providing or coordinating suicide prevention services under the Program and have access to publicly available training materials to support their use of this tool.

Grant Program Evaluation

The SSG Fox SPGP evaluation plan has two components:

- The VA grant management program is evaluated using a formative evaluation design to collect mixed methods data on program-level impact using the Reach, Effectiveness, Adoption, Implementation, Maintenance (RE-AIM) framework.⁶
- The evaluation of the grantees uses a summative evaluation design with standardized outcome measures for community-based programs using a longitudinal and pre- and post-test survey methodology.⁷

The reporting requirements in 38 C.F.R. § 78.145 were designed to provide VA with the information required to assess the outcomes associated with grantee programs. Ultimately, evaluations of effectiveness are measured by one goal – reducing the number of Veterans at risk of suicide, which we evaluate through expectations laid out in every grant agreement, including but not limited to services provided, at-risk populations reached, and pre- and post-service surveys. Our data collection specifically evaluates the effects of SSG Fox SPGP engagement on Veterans' financial stability, mental health status, well-being, suicide risk, social support, treatment engagement, and service utilization.

⁴ 38 C.F.R. 78.10(b).

⁵ Posner, K., Brent, D., Lucas, C., Gould, M., Stanley, B., Brown, G., Fisher, P., Zelazny, J., Burke, A., Oquendo, M., & Others. (2008). *Columbia-suicide severity rating scale (C-SSRS)*. New York, NY: Columbia University Medical Center.

⁶ Fetters, M.D., Curry, L.A., & Creswell, J.W. (2013). Achieving integration in mixed methods designs-principles and practices. *Health services research*, 48(6 Pt 2), 2134–2156. <https://doi.org/10.1111/1475-6773.12117>.

⁷ Stone, D.M., Holland, K.M., Bartholow, B., Crosby, A.E., Davis, S., and Wilkins, N. (2017). Preventing suicide: A technical package of policies, programs, and practices. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Evaluation activities include demographic and geospatial analysis to ensure we are positioned to engage the broadest possible range of at-risk Veteran subpopulations. We will provide an overview of our outcomes to date in the interim 18-month report and final report.⁸ These reports will include information on population engagements overall and by specific at-risk groupings (such as the number of American Indian/Alaska Native, women, minority, LGBTQ, Asian American, Native Hawaiian and Pacific Islander, rural, or other target population members engaged), the services provided to Veterans, active-duty Service members, or family members; assessed risk pre- and post-services, and the type of services. VA launched an online data collection tool in November 2023 to give grantees the ability to submit real-time information on the services they are providing. This allows VA and grantees to identify where service demands are expanding, the types of services needed, and where supports are needed to overcome barriers to engagement. The program is also positioned to identify, share, and scale emerging best practices for community-based suicide prevention.

Operation of the SSG Fox SPGP

VA's collaborations with grantees are designed to facilitate eligible individuals' engagement in care, wherever, whenever, and however needed to reduce the risk of suicide. To ensure oversight of grants implementation, VA grants are subject to Federal laws, regulations, and VA policies. SSG Fox SPGP and grantees must comply with section 201 of the Hannon Act, VA's regulations (38 C.F.R. Part 78), other applicable VA policies, and the grant agreement. To support grantees with implementing their programs, VA offers guidance and technical assistance on key elements of the Program and best practice sharing. This supports grantees in optimizing efficiencies and resource stewardship to maximum benefits to eligible individuals and their families. VA guidance and technical assistance includes the following:

- The SSG Fox SPGP Program Guide, which was initially issued October 2022 and was updated and distributed in July 2023;
- Recurring onsite technical assistance events for all grantees;
- Monthly technical assistance webinars; and
- Monthly Grant Manager meetings, weekly data technical assistance, and 1:1 Grant Manager support services.

Prior to providing SSG Fox SPGP assistance to a participant, grantees enter into a written agreement between their agency and each participant. This agreement describes the grantee's SSG Fox SPGP services and any conditions or restrictions on the receipt of suicide prevention services by the participant. Agreements do not require sobriety, income limits, participation in suicide prevention services, or other unnecessary requirements as a condition of assistance to the extent practicable. Grantees work in coordination with the local VA medical center (VAMC), particularly

⁸ Beginning not later than 18 months after the date of the first grant award (September 19, 2022), VA must provide an interim report to the Committees on Veterans' Affairs regarding the provision of community-based grants to eligible entities through the SSG Fox SPGP. Additionally, VA is required to submit a final report no later than 3 years from the date of first award and annually thereafter for each year in which the program is in effect (P.L. 116-171, section 201(k)).

around referral and linkage to VAMCs for clinical mental health assessment and services. The grantee must facilitate referral to an appropriate alternative, except in emergent situations. If all clinical mental health care is declined, individuals may still receive SSG Fox SPGP services, and grantees follow their policies and procedures for ongoing risk assessment and referral discussions.

A critical goal of the SSG Fox SPGP is to ensure the safety of all participants and grantee and community staff. Grantees are required to develop a comprehensive plan to maintain the safety of participants and staff and the confidentiality of the Program's participants and their records. In developing such a plan, VA requires that grantees complete the following:

- Establish goals and objectives that reduce and eliminate accidents, injuries, and illnesses related to administering suicide prevention services to participants;
- Develop plans and procedures for evaluating the safety program's effectiveness, both at the grantee service location office and in the field;
- Develop priorities for remedying the identified factors that cause accidents, injuries, and illnesses;
- Ensure that participant records are secured with all such information password-protected;
- Ensure that all staff, students, and volunteers receive initial and annual training on how to respond to and report critical incidents; and
- Develop a clear written procedure for following up on any incidents that may occur to ensure that the Program evaluates how they responded and to ensure any party involved was connected to any services needed.

VA conducts reviews of grantee programs that include an assessment of policies and procedures.

Conclusion

VA is grateful for Congressional support in advancing Veteran suicide prevention. The SSG Fox SPGP is just one tool that VA has rolled out in its public health approach to Veteran suicide prevention. We need everyone at the table and working in the same direction. This requires both moving away from a belief that suicide is solely a mental health problem and moving towards engaging within and outside of clinical health care delivery systems to decrease both individual and societal risk factors for suicide. Suicide is preventable, and each of us has a role to play in this mission. The public health approach reminds us that we each can and do make a difference. This concludes my testimony. My colleague and I are prepared to respond to any questions you may have.